DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF PROCURMENT AND SUPPORT SERVICES DETERMINATION OF SOLE SOURCE PROCUREMENT OF SERVICES

Type of Service:	OPASS #:	
Requesting Facility or Administration:		
Contract Cost: Actual	Estimated	
Contractor:		
Contract Term:		
Justification:		
In accordance with COMAR section 21.05.05 determined that the procurement iden procurement.		
Facility Superintendent or Director Headquarters Program Administrator		
·	(Signature)	
<u>-</u>	(Title)	(Date)
DHMH Chief Procurement Officer or Alternate		
-	(Signature)	(Date)
Designee of the Secretary, DHMH	Cl. C. L.III.D.	
	Sharon Gambrill, Director Office of Procurement and Support Services - OR -	
-	(Designee over \$200,000)	
-	(Date)	

Submit this form to the Office of Procurement and Support Services as directed on the Contract Cover Sheet.